Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935
1400 E. Washington Avenue
Madison, WI 53703
FAX #: (608) 261-7083
Phone #: (608) 266-2112
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

PHARMACY EXAMINING BOARD

PHARMACIST LICENSURE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.)

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

_____ _____ _____
month day year

Daytime Telephone Number

( ) _____ - _____

Ethnic/gender status information is optional.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

School of Pharmacy: _____

School Code: _____
(See NAPLEX/MPJE bulletin at www.nabp.net)

School Address: _____
(City) (State)

Date Diploma Granted: _____
month/day/year

Degree: BS-PHARM 5 year
PHARM.D. 6 year
(Circle one or both)

Have you ever held a license/credential in the state of Wisconsin? _____Yes _____No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

The pharmacist license expires on 5-31 of the even-numbered year. It may be renewed for a two year period at that time.

For Receipting Use Only

APPLICATION FEES

Please see page 2 of 7

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APPLICATION FEE CHANGES

PHARMACISTS

APPLICATION FEES

Please check applicable blank.

ORIGINAL LICENSURE EXAM CANDIDATES

_____ **NAPLEX MPJE & PRACTICAL**

$ 326.00 Exam Fee
$ 53.00 Initial Credential Fee
$ 19.00 DOA Exam Fee
$ 398.00 Total Fee *(Make check payable to Dept of Regulation & Licensing and attach to this application)*

PLUS $ 430.00 NAPLEX FEE *(Attach certified check or money order made payable to NABP with completed NAPLEX registration form.* **Forward fee and form to NABP, 1600 Feehanville Drive, Mt. Prospect, IL 60056)**

PLUS $ 170.00 MPJE FEE *(Attach certified check or money order made payable to NABP with completed MPJE registration form.* **Forward fee and form to NABP, 1600 Feehanville Drive, Mt. Prospect, IL 60056)**

APPLICATION FEES

Please check applicable blank.

ORIGINAL LICENSURE NAPLEX SCORE TRANSFER

_____ **MPJE & PRACTICAL** (NAPLEX taken elsewhere)

$ 311.00 Exam Fee
$ 53.00 Initial Credential Fee
$ 19.00 DOA Exam Fee
$ 383.00 Total Fee *(Make check payable to Dept of Regulation & Licensing and attach to this application)*

PLUS $ 170.00 MPJE FEE *(Attach certified check or money order made payable to NABP with completed MPJE registration form.* **Forward fee and form to NABP, 1600 Feehanville Drive, Mt. Prospect, IL 60056)**

ENDORSEMENT/RECIPROCITY CANDIDATES

_____ **MPJE**

$ 45.00 Exam Fee
$ 97.00 Initial Credential Fee
$ 19.00 DOA Exam Fee
$ 161.00 Total Fee *(Make check payable to Dept of Regulation & Licensing and attach to this application)*

PLUS $ 170.00 MPJE FEE *(Attach certified check or money order made payable to NABP with completed MPJE registration form.* **Forward fee and form to NABP, 1600 Feehanville Drive, Mt. Prospect, IL 60056)**

POSSIBLE ADDITIONAL EXAMINATION FEE: $266.00

If you are not engaged in the active practice of pharmacy (see Form #1303). Once determination has been made you will be notified to register for the practical examination and pay the required fee.

AN APPLICATION FOR LICENSURE IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Original Licensure Exam Candidates

Application form (Form #608)
Appropriate fees attached
Social Security Number Collection Form (Page 6 of 6 Form #608)
Certificate of Professional Education (Form #2512)
Proof of Internship completion (1500 hours required)
FPGEC Certification (Foreign graduates only)
Copy of Translated Diploma (Foreign graduates only)
Foreign Graduate Disclosure Internship Form #2670 (Foreign Graduate only)
MPJE and NAPLEX forms completed and fees attached **(send directly to NABP)**
MPJE and NAPLEX exam results
Practical exam results
Convictions and Pending Charges form #2264 (if applicable)

Original Licensure NAPLEX Score Transfer

Application form (Form #608)
Appropriate fees paid (this includes initial practical examination fee)
Social Security Number Collection Form (Page 6 of 6 Form #608)
Certificate of Professional Education (Form #2512)
Proof of Internship completion (1500 hours required)
FPGEC Certification (Foreign graduates only)
Copy of Translated Diploma (Foreign graduates only)
Foreign Graduate Disclosure Internship Form #2670 (Foreign Graduate only)
MPJE form completed and fee attached **(send directly to NABP)**
MPJE exam results
NAPLEX exam results
Practical exam results
Convictions and Pending Charges form #2264 (if applicable)

Wisconsin Department of Regulation & Licensing

Persons Licensed in Another State (s. 450.05 candidates)
Application form (Form #608)
Appropriate fees paid
Social Security Number Collection Form (Form #2380)
Completed NABP Official Report for transfer of Pharmaceutical Licensure
MPJE form completed and fee attached **(send directly to NABP)**
MPJE exam results
Eligibility for Transfer of Pharmaceutical Licensure based on Active Practice of Pharmcy (Form #1303)
If not 450.05 exempt, based upon meeting the definition of the active practice of pharmacy (Form #1303), practical examination fee and exam results
FPGEC Certification (Foreign graduates only)
Copy of Translated Diploma (Foreign graduates only)
Convictions and Pending Charges form #2264 (if applicable)

A. INTERN PHARMACIST INFORMATION

Applicants who earned internship hours under an internship certificate issued by the Pharmacy Internship Board, or by another state, complete the following:

1. Internship hours earned in Wisconsin: Internship Certificate grant date: _____ Certificate#: _____
2. Internship hours earned in another state: ____Yes ____ No State: _____

Instructions for submitting proof of internship credit:

Required: 1500 internship hours minimum in aggregate in any of the following categories;
***(Any combination may be used to arrive at total credited hours.)**

1. Wisconsin Pharmacy Internship Board (PIB) credit for internship:
   a. Verified PIB hours earned prior to December 31, 2001, and/or;
   b. Current internship certification forms may be used to account for internship hours earned prior to December 31, 2001.
2. Internship credit for pharmacy practice outside of Wisconsin:
   a. Verification form, #2537 to be completed and returned from the credentialing authority granting credit for internship hours. (A verification form from a credentialing authority substantially meeting the requirements of form #2537 will be accepted.)
3. Internship credit for pharmacy practice after January 1, 2002:
   a. For general internship information and requirements please refer to the internship rules and Frequently Asked Questions which are included with this application.
   b. Hours claimed for credit must be evidenced by the submission of applicable certification or verification forms.
   c. Certification or verification of completed internship hours must be directly submitted to the board from the applicant's school of pharmacy, educational institution or a licensing entity located in another state
   d. Certification of completed internship hours for all other internship categories may be submitted by the applicant or supervising pharmacist.
   e. The necessary forms for internship certification and verification are enclosed with this application. The enclosed forms may be copied.

B. **FOREIGN GRADUATES**

Is your school of pharmacy a 5 or 6 year program? _____Yes _____No If not, list number of years _____

FPGEC EXAM TAKEN		CERTIFICATE ISSUED		CERTIFICATE NO.	DATE ISSUED
_____ Yes	_____ No	_____ Yes	_____ No	_____	_____

C. **OTHER STATE/COUNTRY LICENSES**

In which states/countries are you now, or have ever been credentialed? (please list below)

_____

_____

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ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

		YES	NO
1.	Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	❑	❑
2.	Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.	❑	❑
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	❑	❑
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	❑	❑
5.	Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.)	❑	❑
6.	Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to Driving While Intoxicated (DWI) charges.)	❑	❑
7.	Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	❑	❑
8.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	❑	❑
9.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	❑	❑

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a pharmacist" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate pharmaceutical judgments and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform pharmacy tasks such as dispensing and compounding of pharmaceuticals with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

		YES	NO
10.	Do you have a medical condition which in any way impairs or limits your ability to practice pharmacy with reasonable skill and safety? If yes, please explain.	❑	❑
11.	Does your use of chemical substance(s) in any way impair or limit your ability to practice pharmacy with reasonable skill and safety? If yes, please explain.	❑	❑
12.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	❑	❑
13.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain.	❑	❑
14.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain.	❑	❑
15.	Are you currently engaged in the illegal use of controlled dangerous substances?	❑	❑
16.	If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	❑	❑
17.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	❑	❑

AFFIDAVIT OF APPLICANT

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

_____ _____

Applicant Signature Date

State of _____

County of _____

Subscribed and sworn before me this _____ day
of _____, 20_____
by _____

S E A L

_____

Notary Public, State of _____
My commission expires: _____

NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.[1] A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

_____

First Name Middle Initial Last Name

_____

Profession

Date of Birth _____ _____ _____

month day year

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,[2] to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,[3] and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.[4]

[1] Section 440.03 (11m), Wis. Stats.

[2] Sections 49.22, and 440.13, Wis. Stats.

[3] Section 440.12, Wis. Stats.

[4] Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.